NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS,
AND CERTIFIED NURSE MIDWIVES
STATE/COMMUNITY MATCHING
LOAN REPAYMENT PROGRAM
COMMUNITY PARTICIPATION FORM

ND Department of Health
Division of Health Facilities
SFN 50558 (8-2001)

Dept. Use Only
File Number:
Contract Number:

Telephone: 701-328-2353

Name of Health Professional	
Name of Community	Name of Community Contact Person
Name of Sponsoring Organization & Address	Is County in a Federally Designated HPSA? Yes ☐ No ☐
Type of Health Professional the Community is Seeking (check all that apply) ☐ Nurse Practitioner ☐ Physician Assistant ☐ Certified Nurse Midwife	
The signature below certifies that the community of _____ agrees to financially commit $_____ a year for 2 (two) years as required in the Health Professional Loan Repayment Program, North Dakota Century Code Chapter 43-12.2.	
_____ Name of Community Representative (please type or print) _____ _____ Signature of Community Representative Date	

Return the completed form to:

Mary Amundson
Department of Community Medicine
University of North Dakota
501 North Columbia Road
P.O. Box 9037
Grand Forks, ND 58202-9037